

ST PAUL HOME

316 EAST 14TH STREET

KAUKAUNA 54130 Phone: (920) 766-6020

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 129

Total Licensed Bed Capacity (12/31/03): 129

Number of Residents on 12/31/03: 127

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

Yes

Yes

Yes

127

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.9
Supp. Home Care-Personal Care	Yes					1 - 4 Years		48.8
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0.0	Under 65	1.6	More Than 4 Years		14.2
Day Services	No	Mental Illness (Org./Psy)	33.9	65 - 74	4.7			----
Respite Care	No	Mental Illness (Other)	3.1	75 - 84	30.7			81.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	12.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.6		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	8.7	65 & Over	98.4	-----		
Transportation	Yes	Cerebrovascular	11.0	-----	-----	RNs		9.7
Referral Service	No	Diabetes	7.1	Gender	%	LPNs		7.6
Other Services	No	Respiratory	5.5	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	28.3	Male	26.8	Aides, & Orderlies		
Mentally Ill	No		----	Female	73.2			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	14	100.0	307	74	89.2	125	0	0.0	0	26	86.7	175	0	0.0	0	0	0.0	114	89.8
Intermediate	---	---	---	9	10.8	104	0	0.0	0	4	13.3	175	0	0.0	0	0	0.0	13	10.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	14	100.0		83	100.0		0	0.0		30	100.0		0	0.0		0	0.0	127	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	12.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	89.0	11.0	127
Other Nursing Homes	5.0	Dressing	3.1	92.9	3.9	127
Acute Care Hospitals	73.1	Transferring	17.3	76.4	6.3	127
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	16.5	77.2	6.3	127
Rehabilitation Hospitals	0.0	Eating	48.8	49.6	1.6	127
Other Locations	9.2	*****				
Total Number of Admissions	119	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.9	Receiving Respiratory Care		11.0
Private Home/No Home Health	23.3	Occ/Freq. Incontinent of Bladder	44.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	8.6	Occ/Freq. Incontinent of Bowel	11.0	Receiving Suctioning		0.0
Other Nursing Homes	1.7			Receiving Ostomy Care		0.0
Acute Care Hospitals	3.4	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.8	Receiving Mechanically Altered Diets		11.0
Rehabilitation Hospitals	0.0					
Other Locations	16.4	Skin Care		Other Resident Characteristics		
Deaths	46.6	With Pressure Sores	11.0	Have Advance Directives		51.2
Total Number of Discharges		With Rashes	9.4	Medications		
(Including Deaths)	116			Receiving Psychoactive Drugs		44.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.4	92.0	1.07	87.6	1.12	88.1	1.12	87.4	1.13
Current Residents from In-County	81.9	85.9	0.95	83.0	0.99	82.1	1.00	76.7	1.07
Admissions from In-County, Still Residing	31.9	22.1	1.45	19.7	1.62	20.1	1.59	19.6	1.63
Admissions/Average Daily Census	93.7	138.9	0.67	167.5	0.56	155.7	0.60	141.3	0.66
Discharges/Average Daily Census	91.3	139.5	0.65	166.1	0.55	155.1	0.59	142.5	0.64
Discharges To Private Residence/Average Daily Census	29.1	64.3	0.45	72.1	0.40	68.7	0.42	61.6	0.47
Residents Receiving Skilled Care	89.8	96.1	0.93	94.9	0.95	94.0	0.96	88.1	1.02
Residents Aged 65 and Older	98.4	96.4	1.02	91.4	1.08	92.0	1.07	87.8	1.12
Title 19 (Medicaid) Funded Residents	65.4	55.4	1.18	62.7	1.04	61.7	1.06	65.9	0.99
Private Pay Funded Residents	23.6	32.6	0.72	21.5	1.10	23.7	1.00	21.0	1.13
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	37.0	36.2	1.02	36.1	1.03	35.8	1.03	33.6	1.10
General Medical Service Residents	28.3	24.3	1.16	22.8	1.24	23.1	1.22	20.6	1.38
Impaired ADL (Mean)	44.6	50.5	0.88	50.0	0.89	49.5	0.90	49.4	0.90
Psychological Problems	44.9	58.5	0.77	56.8	0.79	58.2	0.77	57.4	0.78
Nursing Care Required (Mean)	5.3	6.8	0.78	7.1	0.75	6.9	0.77	7.3	0.73